

**Arizona Department of Health Services**  
**Office for Children with Special Health Care Needs**  
**Business Continuity and Recovery Plan**

**Date:** \_\_\_\_\_

**SFY:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_

**Plan**

**Healthcare facility closure/loss of a major provider**

**Electronic/telephonic failure at main place of business**

**Complete loss of use of the main site**

**Loss of the primary computer system/records**

**How the Contractor shall communicate with the Program in the event of a business disruption**